

## **1995 Hazardous Waste Report Forms**

READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS

USE ONLY THE CODE LISTS IN THIS BOOKLET

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID NO: . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -



# U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

**FORM  
IC**

## IDENTIFICATION AND CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

**Sec. I** Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No.  
Same as label ☐ or → . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -

B. County

C. Site/company name  
Same as label ☐ or →

D. Has the site name associated with this EPA ID changed since 1993? ☐ 1 Yes  
☐ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.  
Same as label ☐ or →

F. City, town, village, etc.  
Same as label ☐ or →

G. State  
Same as label

. ) 2) -

H. Zip Code  
Same as label

. ) 2) 2) 2) 2) - . ) 2) 2) 2) -

**Sec. II** Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III)  
☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

. ) 2) -

E. Zip Code

. ) 2) 2) 2) 2) - . ) 2) 2) 2) -

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I.

B. Title

C. Telephone  
. ) 2) 2) - . ) 2) 2) - . ) 2) 2) 2) -  
Extension . ) 2) 2) 2) -

**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I.

B. Title

C. Signature

D. Date of signature

. ) 2) - . ) 2) - . ) 2) -  
MO. DAY YR.**Sec.V - Generator Status.** Instruction pages 10, 12.

A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- ☐ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

**Sec.VI - On-Site Waste Management Status.** Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

C. RCRA-exempt treatment, disposal, or recycling

**Sec.VII - Waste Minimization Activity during 1994 or 1995.** Instruction pages 14, 15.A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes  
☐ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☐ 1 Yes  
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes  
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                         |  |
|----------------------------|----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

Comments:Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID NO: . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
WR**

**WASTE RECEIVED  
FROM OFF-SITE**

**INSTRUCTIONS:** Read the detailed instructions beginning on page 30 of the 1995 Hazardous Waste Report booklet before completing this form.

<b>Waste 1</b>	A. Description of hazardous waste Instruction page 30.	B. EPA hazardous waste code Page 31. . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) -	C. State hazardous waste code Page 31. . ) 2) 2) 2) 2) 2) - . ) 2) 2) 2) 2) 2) -
	D. Off-site source EPA ID number Page 31. . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	E. Quantity received in 1995 Page 31. . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) -	F. UOM Page 31. . ) -
G. Waste form code Page 32. . <sup>B</sup> 2) 2) 2) -	H. RCRA-radioactive mixed Page 32. . ) -	I. System type Page 32. . <sup>M</sup> 2) 2) 2) -	

<b>Waste 2</b>	A. Description of hazardous waste Instruction page 30.	B. EPA hazardous waste code Page 31. . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) -	C. State hazardous waste code Page 31. . ) 2) 2) 2) 2) 2) - . ) 2) 2) 2) 2) 2) -
	D. Off-site source EPA ID number Page 31. <input type="checkbox"/> Check if ID same as in Waste 1 . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	E. Quantity received in 1995 Page 31. . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) -	F. UOM Page 31. . ) -
G. Waste form code Page 32. . <sup>B</sup> 2) 2) 2) -	H. RCRA-radioactive mixed Page 32. . ) -	I. System type Page 32. . <sup>M</sup> 2) 2) 2) -	

<b>Waste 3</b>	A. Description of hazardous waste Instruction page 30.	B. EPA hazardous waste code Page 31. . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) - . ) 2) 2) 2) -	C. State hazardous waste code Page 31. . ) 2) 2) 2) 2) 2) - . ) 2) 2) 2) 2) 2) -
	D. Off-site source EPA ID number Page 31. <input type="checkbox"/> Check if ID same as in Waste 2 . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	E. Quantity received in 1995 Page 31. . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) -	F. UOM Page 31. . ) -
G. Waste form code Page 32. . <sup>B</sup> 2) 2) 2) -	H. RCRA-radioactive mixed Page 32. . ) -	I. System type Page 32. . <sup>M</sup> 2) 2) 2) -	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID NO: . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
PS**

**WASTE TREATMENT,  
DISPOSAL, OR RECYCLING  
PROCESS SYSTEMS**

**INSTRUCTIONS:** Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

**Sec. I**

A. Waste treatment, disposal, or recycling system description  
Instruction Page 38.

B. System type  
Page 38.

. M 2) 2) 2) -

C. Regulatory status  
Page 39.

. ) 2) -

D. Operational status  
Page 39.

. ) 2) -

E. Unit types  
Page 39.

. ) 2) - . ) 2) -

**Sec. II**

A. 1995 influent quantity  
Instruction page 40.

Total . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - . ) - . ) 2) - . ) 2) -  
RCRA . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - ☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity  
Page 41.

Total . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) -  
RCRA . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) -

C. 1995 liquid effluent quantity  
Instruction page 42.

Total . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - . ) - . ) 2) - . ) 2) -  
RCRA . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - 1 lbs/gal ☐ 2 sg

D. 1995 solid/sludge residual quantity  
Page 43.

Total . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - . ) - . ) 2) - . ) 2) -  
RCRA . ) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) - . ) - ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity  
Page 43.

1. . ) 2) - 2. . ) 2) - 3. . ) 2) -

F. Commercial capacity availability code  
Page 43.

. ) -

G. Percent capacity commercially available  
Page 43.

. ) 2) 2) - %

Comments:

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SITE NAME: \_\_\_\_\_

EPA ID NO: . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

**INSTRUCTIONS:** Read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State . ) 2) 2) - Zip . ) 2) 2) 2) 2) - . ) 2) 2) 2) -

<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State . ) 2) 2) - Zip . ) 2) 2) 2) 2) - . ) 2) 2) 2) -

<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State . ) 2) 2) - Zip . ) 2) 2) 2) 2) - . ) 2) 2) 2) -

<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State . ) 2) 2) - Zip . ) 2) 2) 2) 2) - . ) 2) 2) 2) -

<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter . ) 2) 2) - . ) 2) 2) - . ) 2) 2) - . ) 2) 2) -	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State . ) 2) 2) - Zip . ) 2) 2) 2) 2) - . ) 2) 2) 2) -

Comments:

## INSTRUCTIONS FOR FILLING OUT

# FORM OI - OFF-SITE IDENTIFICATION

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### WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

### PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

### HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

### ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

**Box A:** EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

**Box B:** Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

**Box C:** Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

**Box D:** Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

<p>EPA 1995 HAZARDOUS WASTE REPORT SUBMISSION CHECKLIST</p>
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Please review the following checklist to make sure that your site's submission is complete and correct.

**Have you:**

- ☐ Included Form IC, answering questions on both front and back of the form?
- ☐ Prepared a complete, separate, and independent Form GM for each RCRA hazardous waste
  - generated on site from production processes or service activities?
  - from a spill cleanup, equipment decommissioning, or other remedial cleanup activity?
  - derived from the management of a non-hazardous waste?
- ☐ Prepared a complete, separate, and independent Form GM for each RCRA hazardous waste residual generated from the on-site treatment, disposal, or recycling of wastes?
- ☐ Reported all information on 1995 shipments of RCRA hazardous wastes off site in Section III of Form GM?
- ☐ Reported all 1995 receipts of RCRA hazardous waste from off site on Form WR?
- ☐ Prepared a complete, separate, and independent Form PS for each on-site hazardous waste treatment, disposal, or recycling system that, during 1995,
  - was existing?
  - for which there were firm plans?
  - was in the closure process?
- ☐ Checked that "NA" is entered, as appropriate, for all items that do not apply to your site?
- ☐ Numbered every page in your submission consecutively so that both the individual page number and the total number of pages appear at the bottom of the page?
- ☐ Right justified all quantity entries?
- ☐ Signed the certification statement in Section IV of Form IC?
- ☐ Made a copy of the 1995 Hazardous Waste Report to retain with your records?

This checklist is for your own use and is not to be returned.



If this site is NOT required to file the 1995 Hazardous Waste Report, complete and return the attached postcard. The card indicates you are exempt from the report requirement. EPA will use the postcards to distinguish sites exempt from reporting from those sites out of compliance. Return the card to the address listed for your State or Regional office beginning on page vi of the instructions.

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This site is exempt from the requirement to file the 1995 Hazardous Waste Report because:

- the site was not a RCRA Large Quantity Generator in 1995

AND

- the site did not treat, store, or dispose of RCRA hazardous waste on site in units subject to RCRA permitting requirements in 1995.

It is expected that this site will remain exempt from the requirement to file the Hazardous Waste Report:

Check one:

☐

For 1995 only

☐

Permanently

☐

Other (Explain: \_\_\_\_\_ )

EPA ID . ) 2) 2) ) 2) 2) ) 2) 2) ) 2) 2) -

Site Name \_\_\_\_\_

Site Location Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number of Contact: (\_\_\_\_) \_\_\_\_\_

**Place  
First Class  
Stamp  
Here**

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CITY

STATE

ZIP